

Case Number:	CM15-0173798		
Date Assigned:	09/15/2015	Date of Injury:	02/28/2015
Decision Date:	10/15/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/03/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 25 year old male, who sustained an industrial injury on 2-28-2015. Diagnoses include pain in the thoracic spine unchanged. Treatment to date has included surgical intervention (right shoulder, 2007), diagnostics, medications, physical therapy, activity and work modification, rest, and ice application. Current medications as of 7-24-2015 included Icy Hot, Ibuprofen, Cyclobenzaprine, Naproxen sodium, Tramadol, and Hydrocodone/APAP. Per the Primary Treating Physician's Progress Report dated 7-24-2015, the injured worker reported shoulder blade and upper back pain. He reported muscle spasm, tightness, night pain, weakness, loss of movement, feelings of instability and numbness of the left leg. Naproxen caused stomach upset and Nabumetone did not and provided 30% relief in pain. Objective findings of the thoracic spine included moderate soft tissue tenderness to palpation with palpable muscle spasm and point tenderness. Pain radiated to the ribs, he had difficulty changing positions and assessment was difficult due to guarding and lack of effort reportedly due to pain. Work status was modified. Per the medical records dated 3-31-2015 to 7-24-2015 there was not documentation of improvement in symptomology, increase in activities of daily living or decrease in pain levels with the current treatment. The plan of care included, and authorization was requested for Tramadol 50mg #30 and Nabumetone 750mg #30. On 8-05-2015, Utilization Review non-certified the request for Tramadol 50mg #30 and Nabumetone 750mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tramadol 50 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, dosing.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably non-certified the request and appropriate weaning is indicated. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for tramadol is not considered medically necessary.

Nabumetone 750 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: In considering the use of NSAIDs, according to the MTUS, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The main concern for drug selection is based on risk of adverse effects. In this case, given the chronic nature of the treatment, the risk of continued use likely outweighs the benefit and therefore the treatment is not considered medically necessary.